Volunteer Community Service Form

This is to certify that		(student name) from			
		(name of school), class of has			
performed volunteer	service the date				
Event:					
Date	Time in	Time out	Total hour	Initial of	
Date	Time in	Time out	Total flour	supervisor	
Total service hour:		hr			
Supervisor Signature /	Date :				
Supervisor Name / Title	e (Print):				
Supervisor phone num	ber:				
Chinese American He	eritage Associatio	n, Inc (<u>www.CAHAI.</u>	org)	_	

Cahai.org@gmail.com

P.O. Box 1346, Fairfield, CT 06825